

# Kentucky Adult Educators Literacy Institute

Registration for KAELI 2006-2007  
(Submission deadline June 30, 2006)

County: \_\_\_\_\_

Name: \_\_\_\_\_

Title (please circle) Mr. Mrs. Ms. Dr. other \_\_\_\_\_

## CONTACT INFORMATION:

Home Address: \_\_\_\_\_

Street

City

State

Zip

If your mailing address is different from your home address (eg a PO Box number)  
please list below

Mailing Address: \_\_\_\_\_

City

State

Zip

Home Phone: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

It is important for us to have as much contact information so we can get messages to you in snow times etc. It is also helpful for your peers to be able to contact you when arranging peer visits etc. If you **do not** want your home email address shared with others please indicate below.

\_\_\_ I do NOT want my email address shared with my KAELI colleagues

## EDUCATION:

Highest degree awarded: \_\_\_\_\_ Major: \_\_\_\_\_

Awarding University \_\_\_\_\_

If a first degree has **not been completed**, please list the following:

College courses taken to date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intended major \_\_\_\_\_

University/ies in which you have been enrolled \_\_\_\_\_

**Please answer the next questions whether you have a degree or not.**

I have graduate/undergraduate (please circle) level **course work** in

	No of <b>Credit</b> hours
Reading	_____
Writing	_____
Adult Education	_____

**EMPLOYMENT INFORMATION:**

**Program Name:** \_\_\_\_\_ :

**County** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

Street

City

State

Zip

*If your work mailing address is different from the address where your program is situated (eg a PO Box number) please list below.*

**Mailing Address:** \_\_\_\_\_

City

State

Zip

**Work telephone:** \_\_\_\_\_ **Work Fax:** \_\_\_\_\_

**Work email:** \_\_\_\_\_

**Number of hours** employed weekly in KYAE,CPE funded adult education program: \_\_\_\_\_

**Please select from the following job titles**

Program Director	_____
Instructor	_____
Instructor's aide	_____

**Please indicate below the main area in which you work** (that is where you spend more than 60% of your instructional time).

ABE/GED	_____
Family Literacy	_____
Reading and Writing	_____
Math	_____
Technology	_____
Corrections	_____
ESL	_____
Workplace	_____

**Years of teaching in Adult Education:** \_\_\_\_\_

Please list other teaching experience including the type of work (e.g. P-12) and/or other types of work experience that may be pertinent to your current job:

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**Name of Supervisor:** \_\_\_\_\_  
*Ask your supervisor to complete the attached "Supervisor's Statement of Support" for Kaeli 2006-2007 and email it to [tamill2@uky.edu](mailto:tamill2@uky.edu) or fax to 859 323 2824.*

**PROFESSIONAL INFORMATION:**

**Please list any teacher certifications or endorsements:**

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**Professional Organization Membership:** \_\_\_\_\_

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**Kaeli Information:**

Please

**Goals** (What are your goals for participation in Kaeli? This is very important as this information is used in the evaluation of Kaeli. The research team reviews all the goals that applicants have listed and uses this information as part of its evaluation of Kaeli's success. This review is done at a course level. This information will not be linked to you personally in any reports.)

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**IMPORTANT INFORMATION:**

Please read the "Important Kaeli Information" document and ensure that you understand your Kaeli commitments and the university and KYAE requirements. If you require any further information contact Toni-Ann Mills at 859 257 6127 or email [tamill2@uky.edu](mailto:tamill2@uky.edu) .

Send completed registration by mail or fax to:

**Mail Address:**

*KAELI Registration  
Collaborative Center for Literacy Development  
University of Kentucky  
170A Taylor Education Building  
Lexington, KY, 40506-0001*

**Fax**

*859-323-2824*

**Registrations are due on or before June 30, 2006**

When your registration is received at the KAELI office you will be sent an email confirming receipt. Your university will send you the university application process to ensure that you are correctly enrolled in KAELI and eligible for 3 hours graduate/undergraduate credit on successful completion of the course.

Thank you for your registration the Kentucky Adult Educators Literacy Institute. We look forward to your continued participation in the education of adults with literacy needs.

*Please carefully read the following statement and sign:*

*Submission of this registration is my commitment to active participation in the Kentucky Adult Educators Literacy Institute (KAELI) and to fulfill the expectation of the Institute as described in the KAELI information document. My signature on this registration form indicates that I have read and understood the information contained in the accompanying "Important KAELI Information" document.*

Signature\_\_\_\_\_

Date\_\_\_\_\_